

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE PROTECTIVE PLACEMENT OF

**Petition for
Annual Review**

Case No. _____

Date of Birth _____

Under oath, I state that:

1. I am a representative of the county department designated under §55.02, Wisconsin Statutes.
2. The ward was protectively placed on (date) _____.
3. The ward is currently placed in:
Name of facility: _____
Address of facility: _____
Phone number of facility: _____
4. The annual report of the county department designated under §55.02, Wisconsin Statutes is attached.
This report covers (date of last report) _____ through date of this report.

I request that the court review the status of the protective placement of the ward.

Subscribed and sworn to before me

on _____

Notary Public/Court Official

My commission expires: _____

Signature of Petitioner

Name Printed or Typed

Address